

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

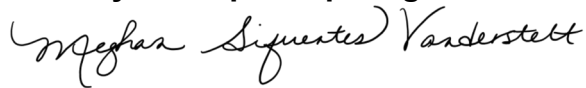
NOTICE OF PROPOSED POLICY

Public Act 280 of 1939, as amended, and consultation guidelines for Medicaid policy provide an opportunity to review proposed changes in Medicaid policies and procedures.

Please review the policy summary and the attached materials that describe the specific changes being proposed. Let us know why you support the change or oppose the change.

Submit your comments to the analyst by the due date specified. Your comments must be received by the due date to be considered for the final policy bulletin.

Thank you for participating in the consultation process.



Director, Program Policy Division
Bureau of Medicaid Policy, Operations, and Actuarial Services

Project Number:	2151-BHDDA	Comments Due:	February 18, 2022	Proposed Effective Date:	April 1, 2022
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Policy Subject: Updates to Intensive Crisis Stabilization for Children (Mobile Crisis Service)

Affected Programs: Medicaid

Distribution: Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSPs)

Policy Summary: The purpose of this policy is to revise the Intensive Crisis Stabilization for Children services section of the Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter within the Medicaid Provider Manual. Revisions provide clarification of services to expand to 24 hours a day, 7 days a week (24:7) availability and further match the policy to best practice national models.

Purpose: To address MI Kids Now best practice recommendations.

Proposed Policy Draft

Michigan Department of Health and Human Services
Health and Aging Services Administration

Distribution: Prepaid Inpatient Health Plans (PIHP), Community Mental Health Services Programs (CMHSPs)

Issued: March 1, 2022 (Proposed)

Subject: Updates to Intensive Crisis Stabilization for Children (Mobile Crisis Service)

Effective: April 1, 2022 (Proposed)

Programs Affected: Medicaid

The purpose of this bulletin is to revise the Intensive Crisis Stabilization Services – Children’s Services section of the Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter within the MDHHS Medicaid Provider Manual. Revisions provide clarification of services to expand to 24 hours a day, 7 days a week (24:7) availability and further match the policy to best practice national models.

Intensive crisis stabilization services are structured treatment and support activities provided by a mobile intensive crisis stabilization team that are designed to promptly address a crisis situation in order to avert a psychiatric admission or other out-of-home placement, or to maintain a child or youth in their home or present living arrangement. These services must be available 24:7 to children or youth with serious emotional disturbance (SED) and/or intellectual/developmental disabilities (I/DD), including autism, or co-occurring SED and substance use disorder (SUD).

A crisis situation means a situation in which at least one of the following applies:

- To prevent/reduce the need for care in a more restrictive setting (e.g., inpatient psychiatric hospitalization, detention, etc.) by providing community-based crisis intervention, stabilization and resource development;
- To effectively engage, assess, deliver and plan for appropriate interventions to minimize risk, aid in stabilization of behaviors, and improve functioning; and/or
- To facilitate the child’s or youth’s and parent’s/caregiver’s ability to access any identified community-based supports, resources and services.

Qualified Staff

Intensive crisis stabilization services must be provided by a mobile intensive crisis stabilization team consisting of at least two staff who travel to the child or youth in crisis. One team member must be a Master's-prepared Child Mental Health Professional (CMHP) (or Master's-prepared Qualified Intellectual Disabilities Professional [QIDP], if applicable) and the second team member may be another professional or paraprofessional under appropriate supervision. Paraprofessionals must have work experience with providing services to children with SED and/or I/DD.- Peer parents and young adult peers with lived experience can also be paraprofessionals. Team members must have real-time access to an on-call prescriber (i.e., psychiatrist), as needed. At minimum, all team members must be trained in crisis intervention and de-escalation techniques.

Location of Services

Intensive crisis stabilization services are to be provided in the home or community at the preference of the parent/caregiver to alleviate the crisis situation, and to permit the child or youth to remain in their usual home and community environment.

Exceptions

Intensive crisis stabilization services may not be provided in:

- Inpatient settings;
- Jails or detention centers; or
- Residential settings (e.g., Qualified Residential Treatment Providers, Child Caring Institutions, Crisis Residential).

Individual Plan of Service

The child or youth, parent/caregiver, and the relevant ongoing treatment team members must revisit the current individual plan of service and the crisis and safety plan and make adjustments where necessary to address current treatment needs. Mobile team members are expected to participate in short-term treatment planning while they are involved with the family with consent by the family. If the child or youth is not yet a recipient of CMHSP services but is eligible for such services, the follow-up plan must include appropriate referrals to mental health assessment and treatment resources and any other resources the child or youth and parent/caregiver may require.